

## Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

BWSC <sub>1</sub>	2	0
-------------------	---	---

HOMEOWNER CERTIFICATION TRAN Pursuant to 310 CMR 4.02	SMITTAL FORM	ease Tracking Number
A. HOMEOWNER IDENTIFICATION AND RESIDENTIAL PROPERTY LOCAT	ION:	
Property Owner:		
1. First Name: 2. L	ast Name:	
3. Name of Ownership Entity or Condominium Association (if applicable	):	_
4. Street Address:		
5. City/Town:	6. ZIP Code:	
7. Telephone:	do not a	owner certifications apply to residences er than 4 units)
and Fee Provisions, that states: A Homeowner is an owner occupant of provided a written certification on a Department approved form and w four family residence throughout his or her ownership, where the own more months of the year and the owner is conducting response action	hose structure has been used ex er's unit is the owner's principal	clusively as a one to residence for 6 or
B. RELATIONSHIP OF PERSON/ENTITY MAKING HOMEOWNER CERTIFIC  1. Homeowner	ATION TO PROPERTY:	
2. Person authorized to make the attestation in Section C on behal	f of Homeowner	
3. Condominium Association with one to four units		
C. CERTIFICATION OF PERSON/ENTITY SUBMITTING HOMEOWNER CER	TIFICATION FORM:	
1. I,, , attest under the p.	ains and penalties of perjury:	
> if Section B of this form indicates Homeowner, (i) that I am the owner that has been used exclusively as a one to four family residence through principal residence for 6 or more months of the year; (iii) that I am conduct and 310 CMR 40.0000, the Massachusetts Contingency Plan, at the residuance that there are significant penalties, including, but not limited to, por false, or inaccurate attestation regarding (i), (ii), or (iii) of this certification.	out my ownership; (ii) that the resident cting response actions pursuant to dence in response to a release of co ssible fines and imprisonment, for	dential structure is my M.G.L. chapter 21E oil; and (iv) that I am
> if Section B of this form indicates Person authorized to make this attauthorized representative of the person listed in Section A of this form where residential structure that has been used exclusively as a one to four familisted in Section A; (ii) that the residential structure is the principal residential of the year; (iii) that the person listed in Section A is conducting response 40.0000, the Massachusetts Contingency Plan, at the residence in response are significant penalties, including, but not limited to, possible fines and attestation regarding (i), (ii), or (iii) of this certification.	to is the owner and occupant of a colly residence throughout the owner note of the person listed in Section actions pursuant to M.G.L. chapteonse to a release of oil; and (iv) tha	one to four family rship of the person A for 6 or more months er 21E and 310 CMR at I am aware that there

Page 1of 2 Revised: 07/15/2003



## Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

<b>BWSC120</b>	)
----------------	---

HOMEOWNER CERTIFICATION TRANSMITTAL FORM Pursuant to 310 CMR 4.02	Release Tracking Number
C. CERTIFICATION OF PERSON/ENTITY SUBMITTING HOMEOWNER CERTIFICATION FORM: (cont.)	
> if Section B of this form indicates Condominium Association, (i) that I am a duly authorized representation A of this form which is comprised of one or more individual owner(s) and occupant(s) of a or structure that has been used exclusively as a one to four family residence throughout the period of overesidential structure is the principal residence for 6 or more months of the year of the owner(s) and operson or entity listed in Section A of this form is conducting response actions pursuant to M.G.L. chapter and the Massachusetts Contingency Plan, at the residence in response to a release of oil; and (are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully substantial regarding (i), (ii), or (iii) of this certification.	ne to four family residential wnership; (ii) that the occupant(s); (iii) that the apter 21E and 310 CMR (iv) that I am aware that there
2. By: 3. Date:	
2. By: 3. Date: Signature	mm/dd/yyyy
4. Check here if the address of the person providing certification is different from address records. Street:  5. Street:  7. State:  9. Telephone:  10. Ext.:  11. FAX:  Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup, Cost Recovery, Fees and Revenue Section One Winter Street, 7th Floor Boston, MA 02108-4747	P Code:  the following DEP office :
Date Stamp (DEP USE ONLY:)	

Revised: 07/15/2003 Page 2 of 2